



Non-State Capital Outlay Training Manual

Chapter 3: Completing the eCORTS Form

This chapter is intended to be a quick reference for completion of eCORTS forms. This information can also be found in the eCORTS instructions.

Add New Project

All fields in this form are required unless otherwise noted below. Please do not complete request in all CAPITAL letters.

Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition. Another example is: Multipurpose Center in Smithville, Planning and Construction. For all requests except those that are for Statewide Programs such as Statewide Major Repairs, Statewide ADA, etc. please make your requests specific to one project.

Location

The Location is the village, town, city, regional area or nearest intersection in which the project will occur.

Project Classification

Please select a project class that gives a reasonable estimate of when the project is needed.

Only one classification can be selected. If another classification is selected, the currently selected classification is unselected. It is a required field, so you cannot un-select all three.

Emergency Project: A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property and court mandates. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

Current Program Requirements: Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

Anticipated Program Needs: Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

Applicant

Department: The Department field is automatically populated based on info provided in your USER ID request.

Agency: Choose the appropriate agency from the drop-down list.

Parish: Choose one or more parishes in the array of 10 drop-down lists. At least one must be selected. Based on your parish selection, the legislator district codes will only appear for the parishes selected. Choose the correct Senator (<http://senate.legis.state.la.us/Senators/ByDistrict.asp>) or Representative (http://house.louisiana.gov/H_Reps/H_Reps_ByDistrict.asp) in the legislative district in which the project

will occur. Failure to properly identify the correct elected official could result in a delay in review of your submittal. "Statewide" is an option and can be selected at the bottom of the parish list.

House & Senate District: Please enter the district number of a legislator who represents the parish in which the project is located. If you selected "Statewide" or "Multi-Parish" for parish, you will not enter Senate or House Districts.

Local/Agency

The contact information is very important. This information will be used to contact your entity should there be questions. Please provide accurate, up-to-date, contact information for the entity in the below fields. Please do not use the consulting firm's information as the contact information for the project.

User: User is the name of the agency. This field accepts only 20 characters. You may have to abbreviate. Please do not use any other name but the name of the entity requesting funding.

Contact: Enter the name of someone at the agency, who can be contacted with questions, or for more information. Please do not use the name of a consultant. Contact information needs to be an employee with the agency.

Address: Enter the address of the entity.

Project Address: Enter the address of the actual project or the nearest intersection.

City/State/Zip: Although these fields are self-explanatory, you may notice that the State field requires two characters conforming to the USPS state code convention. Any lower case letters will be converted automatically to upper case. The Zip Code field will accept either 5 or 9-digit zip codes and will automatically covert 9-digit entries to xxxxx-xxxx format.

Phone/Fax: The Phone field requires a 10-digit phone number (xxx-xxx-xxxx). It is not necessary to enter the dashes as the field will be automatically formatted. The Fax field is not required but it is highly requested that a fax number be provided.

Applicant Mailing Address

Please populate all fields: Facility, Address, City/State/Zip, Phone/Fax and Email. Facility name is the name of the entity requesting the funds.

Save New Project

After the field blanks on page 1 are filled in, press the **SAVE NEW PROJECT** button. If any information in required fields is left unfilled, or any invalid data was entered, you will see an error message. Go back and make corrections as indicated by the error message and then click **SAVE NEW PROJECT**. After a successful save of the first page, the project will be assigned a Project ID number and then loaded into Page 1. At this point, additional data can be entered on page 1, or you can navigate to other pages. You may wish to note the Project ID number displayed in the window header.

After filling out the first page, the request is not considered finished and is not yet submitted. Please open all the pages of the request and fill out the request in its entirety, perform the check for errors function, and electronically submit by selecting the appropriate button after successful error check.

Select Prior Year Projects

The Select Prior Year Projects allows the user to copy a project from a previous year forward to edit. This keeps the user from entering the same request from year to year if resubmission is necessary. To perform the function, log into eCORTS and click **"Select Prior Year Projects."**

In the Select Prior Year Projects section, select the year the request was submitted from the years listed under **"Choose a Prior Fiscal Year."** After you have done that, the list of project titles will appear from that year. Click on the title of the project to copy forward to the current year. A confirmation box will appear asking if you are sure you would like to copy project from a previous year to the current year, click **"Copy Project."**

You have copied that project forward. It is not submitted yet, just copied to the current year for you to edit. When you are finished copying projects and would like to return to the active year to edit the projects you copied forward, click **"Return to Active Year."** You will be directed back to the current year. The projects you copied will be there to click on to edit. **Be sure to update the information, if applicable.**

Check Project for Errors

Purpose

This Page is designed to allow you to analyze the entries that you have made into this application. Each project must be analyzed separately before it can be moved up to a higher stage.

There is a checkbox next to every page that is required for the selected project. Click the checkbox next to each page that you want to check for errors, then click the "Check for Errors" button. If you want to check all pages, click on the "check all" link. Clicking on the "uncheck all" link will uncheck all checkboxes.

Checking

If any errors are present, a list will appear on the screen with a corresponding page number to the left, indicating the page on which the error can be found. Click on the page number to display the page. Correct the error and click SAVE. Then press ALT + TAB on your keyboard to return to the list of errors. To generate a new error list, click "Check for Errors" again.

Printing

If you want to print the list of errors, you use the browser's menu. Click on File, then Print.

Close Window

When you are finished checking the project for errors, you can click on "Close Window". This will not exit the application, or log you off.

Print Requests

Once the first page of the request has been filled out and saved in eCORTS, you may print the project at any point while filling out the request. Once you have submitted the request electronically, the request can still be retrieved to view and print only in the "View Projects to Print" section. When the project is error free, submit the request electronically. **Do not mail paper copies of the request.**

Your computer must have Adobe Acrobat to print the request. There is a link to a free download for Adobe Acrobat on the eCORTS Home Page at <http://www.doa.la.gov/ecorts/>.

Submit Requests

The link to submit electronically will appear on the project's main menu screen where all the page numbers are listed for that project on the lower right side of the menu. The link to submit electronically will not appear for you to click on UNTIL the request is ERROR FREE. If this link has not appeared, you need to run the Check for Errors. If the link is on your menu screen, that means your project is error free. Click this button to submit electronically when you are finished with the request. Please do this promptly after you finish. Once your project has been submitted, it will not be listed in eCORTS to edit.

Page 1

Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition. Another example is: Multipurpose Center in Smithville, Planning and Construction.

Location

The Location is the city in which the project will occur. This field only holds 15 characters, so choose them wisely.

Project Class

Emergency: A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

Current Program Requirements: Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

Anticipated Program Needs: Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

These radio buttons are mutually exclusive, i.e., when one is clicked another will be un-clicked, so that only one is selected at a time. It is a required field, so you cannot un-select all three. At least one must be selected.

Priority Number

A priority number is to be assigned to each new project request in keeping with the relative importance to the achievement of overall department goals. Prioritize your requests by number. For example, if you have 3 requests, one will be 1 of 3, two will be 2 of 3, and three will be 3 of 3. Indicate the priority in the "Local/Agency" field in the Project section of Page 1. If your entity is only submitting one request, the priority will be 1 of 1.

Site Code / State ID

Site Code and State ID numbers have been assigned to all existing state facilities, and can be found in your SLABS (State Land and Buildings) report or your Asbestos Management Plan. These fields contain six (6) characters. Proper format for a State ID is a letter, either "L" or "S", and a five-digit number.

PAGE 1	Project ID 538165	Page 1
PAGE 2	Project Level Agency	
PAGE 3		
PAGE 4	Project	
PAGE 5	Offices for Southern Louisiana Health Center	
PAGE 6	Title	
PAGE 7	Location New Orleans	
PAGE 8		
PAGE 9		
PAGE 10	State IDs	Local/Agency 2 of 6
PAGE 11	<input type="checkbox"/> Emergency Project <input type="checkbox"/> Current Project Requirements <input checked="" type="checkbox"/> Anticipated Program Needs	
PAGE 12		
PAGE 13		
PAGE 14		
PAGE 15		
PAGE 16	Applicant Department 50 MISC-NONSTAT Parish ORLEANS Senate District 1 Site Code Local/Agency Agency C01 LLGFCDA House District 100 Schedule 50-C01 User VFA Contact Robert Smith Phone 225-555-2651 Fax 225-350-4070 Email rsmith@yahoo.com Address 266 Summer Street City/State/Zip New Orleans LA 70130	

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Rank this project in order of importance out of the total number of projects submitted by your Agency. In this case, the project is #2 in importance out of 6 projects submitted by the agency.

Hint: Users should compile and rank their projects before entering or enter all projects and then rank in order to have the correct project total.

State ID's for State agencies only. Can be found in SLABS and contain six characters beginning with L or S.

Page 2

Order of Completing Capital Outlay Request

Information on the estimated project as a whole is entered on computer page 2. The total under cost estimates should equal the total Proposed New Funding on computer page 3. Also, the construction estimate furnished on computer page 2 should match the Total Construction Cost at the bottom of computer page 11. **We recommend that your agency complete computer pages 9, 11, and 12 before completing computer pages 2 and 3.** The information for construction costs, equipment costs, and facility requirements is completed on computer pages 9, 11, and 12 and will need to be transferred or duplicated in the fields on page 2 in construction and equipment costs. On page 3, the amount requested is entered, and after having completed the computer pages 9, 11, and 12, the amount you need to request and the amount you have as a match, if any, need to match the amount estimated for the project on computer page 2. It is recommended that you print out the request after you have completed computer page 1, and use that to organize your project costs so you'll have the information you need to enter into eCORTS on those pages.

Planning/Misc Cost:

Planning Cost is a fee for professional services for planning/ designing. This figure should be 10% of construction cost. If you know that planning costs are not 10%, the information may be entered into the comment fields located at the bottom of Page 4 in the Comments Field below the Agency Impact Statement. Miscellaneous or incidental expenses not already listed, including insurance, legal fees and testing are calculated as 10% of construction cost. The program will automatically calculate these costs as a percentage of the construction cost.

Equipment:

Enter the dollars you plan to spend capital outlay funds on equipment. The amount you put here must be the same as the total for equipment on page 12 Equipment Costs. If no dollars of capital outlay funds will be used for equipment, please leave the Equipment field on page 2 blank and do not fill out page 12 at all.

Time Estimates:

Please enter an estimated number of months for planning and construction. This is a required field. If you do not have this information yet, or it is not applicable to your project, please enter "1".

Your changes have been saved

[Return to Project Summary Page](#) [Save Page](#)

Capital Outlay Request

Fiscal Year: 2011-2012

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Cost Estimates

Local/Agency	52,000
Land/Building Acq	60,544
Planning 10%	605,436
Construction	0
Hazardous Materials	717,980
Subtotal	60,544
Misc./Contingency	117,340
Equipment	395,884
Total	

Time Estimates

Planning (months)	4
Construction (months)	6

If planning has begun, when will it be completed? (m/d/yyyy) 1/15/2011

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Include land or building acquisition costs where applicable

This Number should equal the construction cost total from the bottom of page 11.

This Number should equal the equipment cost total from page 12.

Page 3

Prior Funding

Prior funding refers to prior years actual funding (i.e. cash and lines of credit); and all funding in the current Capital Outlay Act (i.e. cash or lines of credit). The funding source (means of financing), amount, year, act number and bond priority level should be identified. Only prior funding for the project being submitted need be listed. Check off Bond if the project was a General Obligation Bond project.

If your project received an appropriation for General Obligation Bonds in a prior year, but did not receive a line of credit from the State Bond Commission, do not enter that funding under "Prior Funding". Prior Funding is only funding actually committed for the project.

Proposed New Funding

This is where you put how much you are requesting from capital outlay: either new funding or funding that got in a previous year's capital outlay bill and didn't get a line of credit. Proposed new funding refers to the funding required in addition to actual funding in prior years and current year (i.e. cash, bonds sold or lines of credit). Proposed new funding should include current year bond funding which was not granted a line of credit by the October Bond Commission, plus any additional funding you would like to request.

Please make sure you have reflected all project funding on computer page 3. **Prior Funding total plus Proposed New Funding total should be equal to the Cost Estimates total on computer page 2.**

Funding Sources

1. **State Funds:** Please enter the amount you are CURRENTLY requesting from the state. Bonds or other evidences of indebtedness whose debt service is payable from the Bond Security and Redemption Fund, and for which the full faith and credit of the state is pledged to the repayment; or reallocation/reappropriation of the proceeds from previously sold bonds; or inter-agency transfer; or reallocation/reappropriation of previously appropriated cash.
2. **Local Funds:** Any other type of financing not covered in the list of proposed new funding sources, including donations, etc.
3. **Reimbursement Bonds (State Departments Only):** General obligation bonds whose debt service is payable, through a reimbursement agreement, by revenues derived from the operation of the agency for which the bonds or other indebtedness are issued.
4. **Fees/Self-Gen Rev (State Departments Only):** Self-generated cash from revenues derived from the operation of the agency.
5. **Revenue Bonds (State Departments Only):** Bonds whose debt service is payable from revenues derived from the operation of the agency for which the bonds or other evidences of indebtedness are issued. The full faith and credit of the state is not pledged to the repayment of Revenue Bonds.
6. **Statutory Dedications (State Departments Only):** Cash from revenues derived from statutory dedications, awarded, or received for the project. The specific name of the statutory fund should be identified.
7. **Federal Funds:** Any federal grant, loan, etc., that has been applied for, awarded, or received for the project.

Capital Outlay Request
Fiscal Year 2011-2012

Fiscal Year 2011-2012

FPC Project No.	Assigned to Prior Funding	523695	Sub-project No.	
Authorized Means of Financing	Amount	Year	Act#	Priority
General Obligation Bonds	25,000	2009	20	1 Bond <input type="checkbox"/> Credit <input checked="" type="checkbox"/>
General Obligation Bonds	50,000	2010	21	1 Bond <input type="checkbox"/> Credit <input checked="" type="checkbox"/>
	0	0	0	0 Bond <input type="checkbox"/> Credit <input type="checkbox"/>
	0	0	0	0 Bond <input type="checkbox"/> Credit <input type="checkbox"/>
	0	0	0	0 Bond <input type="checkbox"/> Credit <input type="checkbox"/>
Total	\$75,000			

☐ This project does not require funding in Year 1

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
State Funds	280,000	280,000	36,868	0	0	\$596,868
IAT	0	0	0	0	0	\$0
*Reimbursement Bonds	0	0	0	0	0	\$0
Local Funds	110,000	114,000	0	0	0	\$224,000
*Revenue Bonds	0	0	0	0	0	\$0
**Statutory Deductions	0	0	0	0	0	\$0
Federal Funds	0	0	0	0	0	\$0
Total	\$350,000	\$394,000	\$36,868	\$0	\$0	\$820,868

*Describe specific source of funds

Type of Statutory Deduction

What fiscal year (FY) was the project or program first submitted for consideration?

2007

Check this box only if no funding is required in year 1. Checking this box disables pages 8-16 and **clears all previously entered data** on these pages.

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Page 4

Agency Impact Statement

This statement is a "sign-off" by an appropriate State Department authority or non-state entity. The name, title and date are required fields. It is recommended that you complete this page with information about your project.

The comments field has a variety of functions. You may use this field for a justification of your request. You may also use this field if you run out of room in another field or for any additional information, description, or miscellaneous info you would like to include on the request. In addition, please note discrepancies in funding if there are any in your request. If costs for your project have changed from a previous year's request, please note the difference and reason for increase/decrease. Please note that while you are in eCORTS, the session will time out after approximately twenty (20) minutes, so please save your pages frequently.

This page can be used to list itemized break-out of costs, materials involved, property ownership, timeline for the spending of the funds, etc. Please provide any pertinent information on your request here.

Your changes have been saved

[Return to Project Summary Page](#)

[Save Page](#)

Capital Outlay Request

Fiscal Year 2011-2012

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Agency Impact Statement

I hereby certify that this project has been reviewed, approved, and integrated into our department's long range strategic plan and five year budget. The impact of this project's operating budget has been approved.

Name Title Date

Comments

This project will enable the agency to provide necessary ongoing services to the local community in accordance with our charter and strategic plan. Ongoing operational costs have been estimated and budgeted through 2016. (From Page 7) To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. Due to the influx of distressed population from hurricane affected areas there is a need to implement services of this type at this location. The growth in distressed population in the past two years is expected to remain in place or continue to grow. Services are required in accordance with the agency's mission and are not available elsewhere in the area presently. (From Page 10) Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. Restrooms will be retrofitted to meet full ADA compliance. The space will consist of a waiting room to accommodate 20 clients, a reception area suitable for two concurrent employees, 14 treatment rooms, 6 offices, 6 restrooms and a file/recorder keeping area. The existing space is aged and will need to be significantly renovated with electrical, mechanical and finish systems to support the program needs. Costs include all furnishings and equipment necessary to outfit the space.

Provide any necessary comments in the space provided. Note that if more space is required from fields on other pages, supplemental comments can be entered here. (See example from pages 7 and 10.)

This field is the best place to describe the project in depth and justify the need. Please provide as much detail as possible. A quality submission will show a significant amount of narrative and commentary in this box.

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Title, Location

These fields are read-only. Make any changes to them on Page 1.

Description Field

The description needs to be a brief sentence or two describing the project. Please put something different than what you have for the title of the project. This field is not for entering a justification or need for the project, only a description of what the project is in a brief form. Use Comments section on computer page 4 to add additional description information.

Project Type/Facility Type

These are drop down boxes. Please select the fields most applicable for this project. You must select Project Type first, then Facility Type second.

Program Services Description

Please enter a brief comment on the service, or program, that will be provided as a result of this project.

Long-Range Strategic Plan

Please enter the project's long-range plan, timeline for the project and/or funding and construction requested timeline. Also give a summary of your agency or organization's strategic plan for the project or program.

Purpose

The purpose field is required. Please check off any that apply to your project.

Fiscal Year 2011-2012

Project ID 538165
Project Level AgencyPurpose (Check all that apply)

- ☒ Changes in Mission
- ☐ Changes in Existing
- ☒ Changes in Population
- ☒ Generate Employment

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Note that additional space is available for use on Page 4.

Applicable Guidelines

"Applicable Guidelines" refers to any mandates that your department or agency must follow to acquire federal funds, grants, etc. that are particular to you. It is not necessary to list NFPA, ADA, etc. in this area because ALL agencies are expected to follow these codes and regulations. For example, if the federal regulatory agencies for correctional facilities require that every inmate has a cell of at least 80 square feet, then this should be listed. This is very important to Corrections, and Facility Planning needs to be aware of this guideline; however, this guideline does not affect any other agency. List the publication and the specific guideline in the blanks provided. If the project is located in an area that has project or other restrictions and/or local or federal requirements, guidelines, etc. please indicate those guidelines.

Preparer's Name, Phone

This field is to enter the name of the feasibility study preparer. If no feasibility study was performed for this project, leave this field blank. In order to enter data into these two fields, you must first click the checkbox above them on the right.

Hazardous Materials

Please indicate if it is suspected or known that any part of the project involves hazardous materials. Also, please indicate if that info is unknown.

Identify and Describe other Similar Facilities in Your Area

This is a required field. Please provide this information relative to this project you are proposing in comparison with other similar projects in the area. If no similar projects exist, please indicate that. Evaluate the comparison facility to the facility you are proposing, provide info on how they would be similar, how they would be different, the age, size, useful life for each if a building is involved, etc.

Requests Endorsed By

These fields are enabled only for non-state entities (Departments 36 or 50).

Capital Outlay Request

Fiscal Year 2011-2012

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Applicable Guidelines / Standards	
Publications, regulatory agencies guidelines for the program	Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare/Medicaid Services
Minimum or mandatory requirements for above-listed program	To allow program to continue to be in compliance with the rules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the services provided
What alternatives were considered? (check all that apply) <div> <input type="checkbox"/> Maintaining Status Quo <input type="checkbox"/> New Space <input type="checkbox"/> Renovations of Existing Space <input checked="" type="checkbox"/> Use Existing Space <input checked="" type="checkbox"/> Less Space <input checked="" type="checkbox"/> Expansion of Similar Program Elsewhere </div>	
How was the best option determined (Studies, Etc.)? Program requires additional feasibility study by independent funded phase.	
Were feasibility studies or needs assessment reports prepared other than this application? Preparer's Name <u>Richard Smith</u> Phone <u>225-555-5626</u>	
List socioeconomic and environmental effects of the project Identify and describe other similar facilities in your area and evaluate their capabilities Existing facilities on floors 1, 3 and 4 currently support program. Rental space available in service area. Underdeveloped four available in bldg.	

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Enter specific requirements related to this project. Do not include general requirements for all projects such as ADA or fire codes.

Select all alternatives that were considered, whether in a formal study or as part of project development.

If formal study not completed, describe the decision process in this box. **Input is limited in this box, continue on Page 4 if necessary.**

Page 9

Facility Requirements

If your project does not involve renovation or construction of an existing or new building, check "No Space", fill out the Preparer's Name and the current date and save the page. The rest of the information is not applicable. For any construction project involving a building, this information is required to be filled out, in addition to the table on computer page 11. The information from computer page 9 defaults to computer page 11, so complete computer page 9 first.

In the "Facility Requirements" section, the type of space is to be entered. If several areas are the same, each area does not need to be listed individually. For example, if the area is to be "office" space, it is not necessary to list each office separately. Also, file rooms, break areas or other similar spaces can be lumped into the category "Office". The number (#) column is for the number of people to be housed in this space. It is not the number of rooms. Typically, at this point, most agencies have not prepared programs and do not actually know the number of rooms. They should, however, know the number of people that need to be housed. Examples of occupants are employees, clients, students, etc.

If your project does not have space requirements, does not involve renovation or addition to a new or existing building or space, click the checkbox for "No Space" for Space Requirements. Please check "New Space" or "Existing Space" in reference to the proposed building project.

Prepared By/Date Prepared

Whether or not you are required to complete this page, these two fields are required. Put the name of the person who is completing the table on that page and the current date the page is being filled out. If this page is not applicable to your project, enter your name and current date in those fields.

Net Area / Person

Net Area/Person should reflect the area/space needed per person. For example, if the agency requests a classroom to house 30 students at 30 square foot per student, the Net Area Required is 900 square feet. The program will automatically calculate this figure.

Net Area Required

Net area required for each functional space type (number of people x net area per person required).

Total Gross Area

The total gross area equals the product of the total net area times the burden factor ("Burden Factor").

Burden Factor

The burden factor is a percentage that is allowed for building support areas such as lobbies, elevators, stairwells, and primary circulation. An efficient burden factor is usually around 20%. More often, the burden is 25-30%.

Burden Area

The burden area is the difference between gross area and net area. The program will calculate this area.

Additional Program Requirements

Additional Program Requirements refers to those areas that are not spaces as such. For example, loading docks, public roadways, utility tie-ins, etc. that are required for the project should be listed here.

Capital Outlay Request
Fiscal Year 2011-2012

Facility Requirements

Prepared By Robert Smith Date Prepared (m/d/yyyy) 6/31/2010

Space Requirements: ☒ New Space ☐ Existing Space ☐ No Space

Type of Space	Number of Occupants	Type of Occupants	N/A Per	Net Area
Office	6 Employees	Employees	110	660
Reception	2 Employees	Employees	200	400
Waiting Room	20 Visitors / Clients	Visitors / Clients	30	600
Treatment Room	14 Visitors / Clients & Emplo	Visitors / Clients & Emplo	80	1,120
Restrooms	6 Visitors / Clients	Visitors / Clients	64	384
Records	1 Students / Assistants	Students / Assistants	144	144
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
	0		0	0
Total Net Area	Burden Factor	Total Gross Area	Total Net Area	
3,300	X 1.25 =	4,125	Burden Area	827
Employees	Contract Employees			
Visitors / Clients	Students / Assistants			
	22		0	0
	20		1	0

Describe additional program requirements (Parking, Utilities Tie-In, Location, Shipping / Receiving, Public Access, Site Amenities, etc)

Existing parking lot space for building is adequate to accommodate additional parking needs.

What will happen with the existing facility (demolition, remodeled, other program, etc) and funding if needed?

For more information or for inquiries, email CapitalOutlay@la.gov or call 225-342-0820

Renovation/Addition

If the project is new construction and involves relocation of a program or personnel from an existing facility, please describe what will become of the existing facility. If it is a renovation, please provide a listing of any major renovations that have occurred, such as installation of a new HVAC system. It is not necessary to list minor renovations such as addition of walls, new carpet, etc. To determine whether asbestos is present in the facility, consult the "Asbestos Management Plan" books housed at the site's physical plant or contact Facility Planning at CapitalOutlay@la.gov. Provide the age and condition of the roof and any rooftop equipment in the blanks provided. If your project does not include renovation or addition to a building, some of the fields on this page may not apply to your project. Fill out what is applicable to your project.

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PAGE 1	Project ID 538165	Page 10
PAGE 2	Project Level Agency	
PAGE 3		
PAGE 4	Renovation / Addition	
PAGE 5		
PAGE 6		
PAGE 7	Describe the condition of the building and previous renovations	The building was constructed in 1982 and consists of four stories above ground. Renovations have been performed on the 1st, 3rd and 4th floors in 1999, 2002 and 2004 respectively. The roof is from 2001, condition is good overall.
PAGE 8		
PAGE 9		
PAGE 10	Describe the extent of the proposed renovation / addition	Renovate existing second floor space to support treatment program. Work includes new finishers and relocation of some partitions. Electrical and HVAC systems will be replaced. (See additional comments on page 4.)
PAGE 11		
PAGE 12	Describe the location of occupants during renovation and required funding	Existing record storage will remain in place.
PAGE 13		
PAGE 14	What amount of the construction budget addresses modifications required to meet the "Americans with Disabilities Act Accessibility Guidelines (ADAAG)"?	\$55,000
PAGE 15		
PAGE 16	Hazardous Materials What hazardous materials are addressed in the construction budget? <input type="checkbox"/> Underground Storage Tanks <input type="checkbox"/> PCB's <input type="checkbox"/> Lead Paint <input type="checkbox"/> Asbestos <input type="checkbox"/> Other	
	Enter the date if site has been surveyed for underground storage tanks	
	Provide contact information if the facility's asbestos management plan was consulted for abatement requirements	
	Contact Name Robert Smith	Phone
	Roof What is the current age, condition, and type of the existing roof and anticipated date of replacements? Age of Roof (yrs) 8 Replacement Date 7/1/2001 Describe roof penetrations, equipment, etc. Exhaust fans, stairwell skylights, etc.	Good 45 Mil EPDM

Provide a description of the project scope including the general layout, systems involved and equipment / furnishings necessary.

Note that additional space is available for use on Page 4.

Page 11

This page is required information to show cost break-out for the project. This information is not applicable for equipment-only requests. Otherwise, please use Construction Cost table for space costs and Additional Line Item table for any other itemized costs besides equipment. If your project does not involve a building, the Additional Line Item Expenses table may still be used to enter itemized costs for materials involved in the project.

The total construction cost on page 11 should match the construction cost estimate amount entered on computer page 2. It is recommended that page 9, 11, and 12 be filled out before computer page 2. Computer page 9, 11, and 12 are worksheet pages that help produce figures related to project materials and costs. The figures may then be plugged into the Cost Estimates table so that all figures on the request are consistent.

Special Cost Affecting Factors

Under Construction Costs, "List Special Cost Affecting Factors" refers to any item or requirement that drives the square foot cost to a level that is higher than standard. For example, a laboratory space will require fume hoods, separate zoning of the HVAC, installation of specialized equipment, etc. These requirements are going to affect the overall cost of the project and should be listed here. In this table, the space types that are similar can be grouped as they were in the "Facility Requirements" section. Each type of space that is a different cost, i.e. warehouse, lab, office, etc. should be grouped separately. Space type and net area will be copied for your convenience from Page 9.

Construction Cost

Cost of construction, renovation, repair, demolition or other work, excluding land acquisition, professional fees, and other costs. This should include the cost of all fixed equipment, such as bathroom fixtures, laboratory and kitchen equipment, etc.

Additional Line Item Expenses

Additional Line Item Expenses such as parking lots, utility tie-ins, etc. should be listed and described. This should be entered as a unit cost (if available) and total cost.

Construction Cost (cont.)

2010 RSMeans Building Construction Cost Data

Source of Data

8/31/2010

Data Prepared

Security system required for treatment of emotionally impaired.

List special cost affecting factors considered (unfinished warehouse space, extraordinary HVAC, etc.).

Cost of Construction Calculation (Provide COSTS/S.F. for Roofing Projects)					
Type of Space:	Nat Area	Cost/S.F.	Area Cost		
Office	600	188	124,800		
Reception	400	164	65,600		
Waiting Room	800	125	75,000		
Treatment Room	1,320	168	221,760		
Examinations	384	245	94,368		
Subtotal	144	164	23,816		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
Grand Area	827	0	0		
Total / Average / Total	4,195	163,961	\$62,936		

Additional Line Item Expenses (Parking, Utility Tie-In, Security System, etc.)	Item	Quantity	Unit Cost	Total
Security System		1	12,500	12,500
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Subtotal of Additional Line Item Expenses		0	0	0
Total Construction Cost				820,436

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Provide information on how the costs were estimated. Provide additional information as necessary in the comments box on page 4.

For space related projects, area information is populated automatically from Page 9. Be sure to account for all costs, including demolition, etc.

For projects not related to space, use this section to calculate costs. Can also be used for additional costs in space related projects.

Page 12

Equipment Costs

Equipment costs are listed as item and total. If this is a first or current year request, an itemized breakdown should be attached on a separate sheet showing unit costs and estimated useful life of the equipment.

If you entered equipment cost data on this page, you must also indicate equipment cost information on Page 2, Cost Estimates, and vice versa. These are corresponding fields.

Please use categories to list equipment proposed for this project and comments section on computer page 4 to give specifics on equipment to be purchased, who will own the equipment, if it is new or used, itemized costs, condition of equipment at purchase, timeline for purchase of equipment, if construction or another aspect of the same project is involved, at what point in the project is the equipment needed, what the useful life of the equipment will be, etc.

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Capital Outlay Request

Page 12

Project ID 538165
Project Level Agency

Fiscal Year 2011-2012

Equipment Costs

Item	Item Costs
Movable furniture	42,000
Portable defibrillator	340
Computer equipment	48,000
Telecom equipment	27,000
Total Equipment Costs	117,340

Provide estimates of moveable equipment here.

Hint: For projects involving new space, be sure to include furniture and other equipment based on the use of the space (computers and office equipment for office space, kitchen equipment for cafeteria, etc.).

Check this box if this program is for renovation or relocation of an existing program and the use of existing equipment discontinued. ☐

If so, explain.

If this project is a current year request, attach an itemized breakdown with unit costs and an estimated useful life of the equipment with final submission to Facility Planning.

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For more information or for inquiries, email CapitalOutlay@la.gov

Operating Budget

The Operating Budget section should be used to indicate the increase or decrease in the operating budget as a result of the proposed state agency project. For State agencies, it should match the BR-1 and BR-2 submittals to the Office of Planning & Budget. It is necessary to meet with your Fiscal Officer or Budget Officer to prepare this correctly. It is also necessary to meet with this person so the operational funding will be requested to support the project in the agency's budget submittal. If the project is not feasible from an operations standpoint, your fiscal officer can indicate this at this time. Of course, if this is the scenario, there is no need to submit the request.

The first column of the table shows the current operational funding. The second column indicates the change in required funding due to the proposed project. The top half of the table shows expected expenditures. The bottom half shows the proposed means of financing. The proposed financing should equal the anticipated expenditures. If not, modify your entries so that the table will balance.

Total Expenditures

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).

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Capital Outlay Request

Fiscal Year 2011-2012

PAGE 1	Project ID 538165	Operation Budget(Expenditures)	Existing Operating Budget Current Year Budgeted	Annual Projected Increase (Decrease) After Project Completion
PAGE 2	Project Level Agency			
PAGE 3				
PAGE 4				
PAGE 5				
PAGE 6				
PAGE 7	Should match submittals BR-1 and BR-2 to Office of Planning and Budget)	7,125,418	7,125,418	1,256,359
PAGE 8	Salaries	546,230	546,230	0
PAGE 9	Other Compensation	0	0	0
PAGE 10	Related Benefits	185,025	185,025	25,426
PAGE 11	Travel	2,542,365	2,542,365	835,628
PAGE 12	Operating Services	965,201	965,201	265,408
PAGE 13	Supplies	262,304	262,304	0
PAGE 14	Professional Services	63,459	63,459	0
PAGE 15	Other Services	1,256,998	1,256,998	0
PAGE 16	Debt Services	3,650,953	3,650,953	0
PAGE 17	Interagency Funds	877,965	877,965	0
PAGE 18	Acquisitions	1,156,445	1,156,445	356,203
PAGE 19	Major Repairs	0	0	0
PAGE 20	Unallocated			
Total Expenditures		18,632,363	18,632,363	2,739,024
Total Positions		114	114	22

PAGE 21	Operation Budget(Financing)	State General Fund(Direct)	State General Fund by:	Annual Projected Increase (Decrease) After Project Completion
PAGE 22		9,685,354	9,685,354	1,423,781
PAGE 23	Interagency Transfer	0	0	0
PAGE 24	Fees and Self-Generated Rev.	8,034,936	8,034,936	1,181,164
PAGE 25	Statutory Dedications	912,073	912,073	134,079
PAGE 26	Interim Emergency Board	0	0	0
PAGE 27	Federal Funds	0	0	0
Total Financing		18,632,363	18,632,363	2,739,024

PAGE 28	Balance	Excess/Deficiency of Expenditures Over Financing (should = 0)
PAGE 29		0

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Should show total current operating budget without project. Show operating budget at the level impacted by project. For example, total department budgets are not appropriate for a single location. **Hint:** If the building and program are new, this column should be zero. If a program is being relocated include operating costs at current location.

Should show changes in the operating budget line items as a result of requested project completion

Should show distribution of existing operating budget funding sources

Should show changes in operating budget funding as result of requested project completion.

Total Expenditures and Total Financing to be the same. Balance is automatically calculated by the system and should be equal to 0.

The impact of a project on operating costs is an important contributor to feasibility and prioritization. In order for a project to be "feasible" it is necessary for ongoing operations costs to be identified and budgeted.

Operating Budget (Summary)

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).

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Project ID 538165

Project Level Agency

Operating Budget (Summary)

	Year 1	Year 2	Year 3	Year 4	Year 5
State Gen. Fund (Direct)	9,685,354	9,685,354	10,397,345	11,109,135	11,109,135
Interagency Transfer	0	0	0	0	0
Fees/Self-Gen. Revenue	8,034,936	8,034,936	8,625,517	9,216,099	9,216,099
Statutory Dedications	912,073	912,073	979,112	1,046,151	1,046,151
Interim Emergency Board	0	0	0	0	0
Federal Funds	0	0	0	0	0
Total Means of Financing	18,632,363	18,632,363	20,001,974	21,371,385	21,371,385

Comments

Operating increase due to expansion of staff to occupy renovated space, additional cleaning, maintenance and repair for space and supplies associated. Distribution of financing sources for the increase assumed to match distribution of existing funding. Increase assumed to start at project completion, midway through year 3 and continue in full in years 4 and 5. No inflationary increases shown in budget, actual budgets may increase slightly due to inflation

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Fiscal Year 2011-2012

Show projections of operating funding 5 years beyond start of project with new budget required as a result of project. Operating funds increases may not be required until later years.

Use this text box to explain the reasons for operating budget increases (or decreases) and any assumptions used in the calculations

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For more information or for inquiries, email CapitalOutlay@la.gov

Page 15 (Non-State Agencies and Organizations only)

Certification Questionnaire:

One of the key objectives of the eCORTS application is to gauge the extent to which other sources of funding have been seriously considered. As indicated previously, there are several reasons why Capital Outlay might not be the most appropriate means of financing for a particular project, so it is essential for applicants to describe if other sources have been considered, as well as the results of such attempts (if applicable).

As with the other sections of the eCORTS form, failing to complete this page will result in your request being less competitive relative to others'. Thus, it is to your own advantage to provide requested information.

Specifically, non-state agencies and organizations should indicate the current state of their finances, including capital improvement budgets and fund balances in the past three years *[Questions 1-3]*.

Tax capacities should then be given, showing the current levels of ad valorem and sales taxation, as well as any recent efforts to change such levels *[Questions 4-5]*. Bond issues should then be addressed *[Question 6]*.

If the project is expected to generate revenues when complete, please describe the source and amount of such anticipated revenues *[Question 7]*.

On a similar note, please show any current or recent funding for this project you have received from:

- The Parish Transportation Fund
- Any other state program (e.g.: Community Development Grant, Local Government Assistance, etc.)
- Any federal program (e.g.: FEMA, HUD, U.S. Army Corps of Engineers, etc.)
- Any private source (e.g.: philanthropy, corporate endowment, etc.) *[Questions 8-11]*

Lastly, if the agency or organizations is not a local government, please describe its legal status (e.g.: 501(C)(3) nonprofit; community cooperative; for-profit corporation; limited liability partnership, etc.) Please include such details as may help to clarify the issue further, such as your federal tax identification number *[Question 12]*.

Capital Outlay Request

Fiscal Year 2010-2011

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Certification Questionnaire

1) What was your budget for capital improvements for the last 3 years?
Current Year 0 Last Year 0 2 Years Ago 0

2) What was your undesignated/unreserved general fund balance for the last 3 years?
Current Year 0 Last Year 0 2 Years Ago 0

3) What was your designated/invested general fund balance for the last 3 years?
Current Year 0 Last Year 0 2 Years Ago 0

4) What is your ad valorem tax capacity?
Mileage Authorized 0.00 Mileage Levied 0.00 (mills)
When did you last have an election to raise or increase millage?

Did the election approve or reject the millage increase or decrease? ☐ approve ☐ reject

How much was requested? 0.0000 (mills)

5) What is your local sales tax?
Percent Authorized 0.00 Percent Levied 0.00

When did you last have an election to raise or increase the percent?

Did the election approve or reject the percent increase or decrease? ☐ approve ☐ reject

How much was requested? 0.00 (percentage)

6) Have you had an election to obtain voter approval for a bond issue for this or other projects? ☐ yes ☐ no

Did the election approve or reject the issue? ☐ approve ☐ reject

Do you plan to have an election to obtain voter approval for a bond issue for this or other projects? ☐ yes ☐ no

7) Is this project for which you are requesting state funding the type for which revenue will be generated? ☐ yes ☐ no
(i.e. parking fees, water, sewer or other utility fees, etc.)
If so, please describe the source and projected amount of this revenue.

Source 1 Amount 0

Source 2 Amount 0

Source 3 Amount 0

8) How much do you receive from the Parish Transportation Fund?
Current Year 0
Last Year 0
2 Years Ago 0

9) Have you been approved for or received funding from any other state program for this project? ☐ yes ☐ no

Source 1

Source 2

Agency/Program

Current Year 0

Last Year 0

2 Years Ago 0

Status

12) If not a local government entity, describe the legal status of your entity.

The above information is certified by:

Name:

Title:

Contact Person:

Date:

Phone Number:

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For more information or to register, email CapitalOutlay@la.gov

Page 16 (Departments of State of LA only)

Instructions for Using The Online Space Utilization:

If you selected "yes" while completing the budget request on Page 9 under Facility Requirements, then you are required to complete a Space Utilization Plan. It will be Page 16 in the eCORTS application.

Space Utilization Plan

R.S. 39:102 requires the Capital Outlay Budget Request to include a space utilization plan for the requesting agency. A space utilization study must be submitted for all project requests that involve construction of new or additional space. It is not necessary to submit a space utilization plan for projects such as Asbestos Abatement, Roof Repairs, Road Repairs, Sewer Improvements, etc.

Guidelines for Completing a Space Utilization Study

Explain how the agency determined that a new facility or addition was required. The purpose of this evaluation is to show a before/after scenario and its relationship to a recognized benchmark or standard. One way of expressing this relationship is to first show all existing usable square footage (s.f.) that is of a similar type. For example, if you are requesting a new laboratory building, all existing laboratory square footage should be shown. Also, any other square footage that could be converted to a lab should be shown, separately. Next, compare the existing space and its usage with any benchmark or standards. The benchmark used should be one that is recognized among most institutions within your industry. The intent of the comparison is to measure the s.f./person, number of beds or number of cells, etc. as it relates to the benchmark. The maximum or peak and average or typical occupancy of the facility should be considered in the evaluation. For areas that are not "occupied", such as a loading dock, consider the equipment and other space requirements.

Once total existing usable s.f. has been calculated, add the proposed project s.f. to the existing s.f. and recalculate the s.f./person, etc. and show how the addition of the proposed project affects the relationship you have established with the benchmark. This study of existing space should assist you in the decision to request additional space, renovate, or re-examine the efficiency of your existing facilities. If existing space is determined to be inadequate for conversion or renovation, explain why and what will become of this space. For example, will this space be renovated and fall into another space category? The square footage of this space should be shown and its deletion from the existing space indicated.

All standards, guidelines, and definitions used by the requesting agency shall be submitted for comparison and clarification. The space utilization study shall include gross and usable area as explained below.

Definitions:

Gross Area - This is the sum of the floor areas of all levels of a building which are totally enclosed within the building envelope.

Usable Area - This is the floor area of a facility that can be assigned to occupant groups. Usable area includes the area of interior walls, building columns and projections and secondary circulation. Usable area excludes exterior walls, major vertical penetrations, primary circulation, building core, and building service areas.

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<p>Project ID 538165</p> <p>Project Level Agency</p>	<p style="text-align: center;">Capital Outlay Request</p> <p style="text-align: center;">Fiscal Year 2011-2012</p> <p style="text-align: right;">Page 16</p>
<p>Space Utilization Plan</p>	
<p>Schedule No: 50-C01</p> <p>Department: 50 MISCELLANEOUS NON-STATE</p> <p>Agency: C01 LA LCL GVT FAC COMM DEV AUTH</p> <p>Local User Facility: VFA</p> <p>Prepared By: Robert Smith</p> <p>Project Title: Offices for the Southern Louisiana Health Center</p>	
<p>Detail plan here:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Program currently housed in 1st, 3rd and 4th floors of existing building. Program requires additional space to expand. Currently vacant space on second floor of building to be fit out to accommodate additional area needed. Support and administrative space provided on the existing floors can support most of the expanded program, as a result the focus of the renovation will be on direct service space. See distribution of space on page 9. The ratio of direct service space to administrative space in the existing occupied area is 60% to 40%. With the addition of the newly renovated space, the ratio changes to 75% direct service to 25% administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service provider will be 120 square feet, which is 10% below industry recommendations, but within acceptable tolerances to operate.</p> </div>	

This page is available only if new space is identified on Page 9. Use this box to describe how the space is to be used and reference applicable metrics.

eCORTS Help

Need a USER ID?

If you have never used the eCORTS System before, you must first request a USER ID for eCORTS. The link to do this is located on the log in screen for eCORTS. After you submit the request for a USER ID, an email response from Capital Outlay with your USER ID and first time log in instructions will be sent to you within three working days. Please do not call or email Capital Outlay for a status on your USER ID. If you are locked out of eCORTS, please email CapitalOutlay@la.gov to have your USER ID unlocked.

Request Not Printing

You must have Adobe Acrobat on your computer to be able to print the request you have entered. A free download is available on the Adobe Acrobat website. You can link to this site from the eCORTS Home Page www.doa.la.gov/ecorts.

Pages Not Saving

Make sure you are using Internet Explorer 6.0 or a later version for your browser. A free download is available on the Microsoft website. You can link to this site from the eCORTS Home Page www.doa.la.gov/ecorts.